

POSITION	ID NO.	DATE
CLASSIFIER	1F	7/17/96
EXAMINER	304	7-19-96
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	✓ 2/17/96 6 9 3 10 4
	✓ 2/17/96 4 8 20 18
	✓ 2/17/96 02 03 03 03
	✓ 2/17/96 A =
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SYMBOLS

✓	Rejected
=	Allowed
-	(Through number) Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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